

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

28191

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

(No. *Desloge Hoofe*)

File No.....

Registered No.....

7315

St. Ward)

2. FULL NAME

(a) Residence, No. *7536 Weaver Ave.* St., *17* Ward.

(Usual place of abode)

Maplewood

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Wm. H. McBlure

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug 10 - 1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

56

-

12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

FATHER

13. NAME

Frank. Betzel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

MOTHER

15. MAIDEN NAME

Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

17. INFORMANT (ADDRESS)

*William H. McBlure
7536 Weaver Ave*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Firemens*

DATE *Aug 26*

19 *23*

19. UNDERTAKER (ADDRESS)

*Hy Leidner and Co
1417 N. Market St*

20. FILED

AUG 21 1933

J. B. Bredeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 22*, 19 *33*

22. I HEREBY CERTIFY, That I attended deceased from

Aug 20

19 *33*, to

Aug 22

19 *33*

I last saw *her* alive on

Aug 22

19 *33*

Death is said

to have occurred on the date stated above, at *11* P. m.

The principal cause of death and related causes of importance were as follows:

Epidemic Encephalitis

Date of onset

Other contributory causes of importance:

Arterio sclerosis

Ch. Nephritis

Hypertension

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?.....

Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) *M. H. Bristol*

M. D.

(Address) *1325 S. Grand*

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

285

... 34 9/10